you're amazing

A Partnership for Healthier Living

You're Amazing

Partnership Evaluation Report

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Partnership Evaluation Report

Section 1: Executive Summary

In 1996 Alberta Health, with the help of multi-sectoral partners created a Provincial Health Promotion Project targeting young parents called *You're Amazing*. This initiative set out to encourage a new understanding of well-being that incorporated personal resources and health determinants (identified under a population health promotion framework). The project was planned and implemented by partners from various private and public sectors that were interested in the target group or the project's population health promotion implementation framework.

The nature of the above partnership is the subject of this document. Specifically, an evaluation was planned that would explore the *You're Amazing* partnership experience such that future projects could benefit from the learnings. In order to fulfill this goal the partnership evaluation set three objectives. 1) To describe the partnership structure and process's impact on the *You're Amazing* (*YA*) message. 2) To describe the partnership experience. 3) To evaluate the partnership process including the perceived benefits and challenges encountered by the partners.

Qualitative and quantitative methodologies were chosen to address the evaluation objectives. Emphasis was placed upon qualitative methods (focus groups, document review and open-ended questions) for numerous reasons; the most important being the ability of these methods to capture the uniqueness of the partnership in this type of project. These methods worked hand-in-hand with the quantitative survey, which provided the breadth to the depth of the qualitative methods.

Overall, the evaluation results suggest that *YA* partnership processes positively impacted the *You're Amazing* messages (reach, clarity, credibility, and

acceptability) and that participants benefited from being involved in this partnership experience. The primary findings for those partners who participated in the focus groups and responded to the survey are as follows:

- The main reasons that partners chose to participate were the opportunities for networking/partnerships and the potential for active participation in health promotion;
- The major contributions by the partners included: wide dissemination of project messages/products through the effective networks built during the *YA* program, use of existing resources (i.e. staff), and the production of high quality products;
- The key benefits for partners were: a) the opportunity to work/network with others and to learn about working in partnerships, and b) a broader understanding of partnership and awakening to the possibilities for positive linking with new partners in the community to promote the health of citizens;
- The key barriers were issues around the effective and appropriate involvement of partners including role clarity and timing issues, communication issues (e.g., How to get health promotion messages effectively communicated and 'on the agenda'?) and limited staff resources;
- The partners were, for the most part, satisfied with the quality of the partnership with Alberta Health;
- The expectations for participation were generally met;
- Overall, most would participate in similar future opportunities.

In addition, the document review revealed key themes on: a) the centrality of the partnerships to the success of the project, b) the need for flexibility and inclusivity of partner involvement, c) the challenge of getting partner buy-in, and d) recognition of those who were key catalysts to the project.

Two main limitations of the partnership evaluation process were lower than expected turnout for the focus groups and interpreter bias in the document review. Other limitations include the small survey sample size, the lack of time

and manpower to verify specific findings with the respondents, and the evaluators' subjective judgement.

However, the reliability and validity of the study results were strengthened by the use of multiple data collection methods (triangulation), the independent analysis of the data by the two evaluators, and the verification of the focus group findings with all partners.

The major learnings from the overall partnership evaluation, based on the above findings, can be grouped into two main categories:

Benefits of the Partnership Process

1. Opportunities for networking and new linkages created by the project processes enhanced the partners' experiences and the project actions.
2. The scope and diverse expertise of the partners provided a solid base for action.
3. Key catalysts on both provincial and regional levels within the project provided a strong facilitative approach.
4. The quality products of the project provided momentum for the partnership.

Challenges to the Partnership Process

1. Understanding the capacity of each partner to do health promotion including their commitment, infrastructure and resources.
2. The perceived lack of role clarity between the Steering and Advisory Committee structures of the partnership.
3. The complexity of effectively communicating health promotion messages.
4. The effective, appropriate and sustained involvement of multiple intersectoral partners in a large project.

Five overall recommendations from this partnership evaluation study are:

1) Establish partnership objectives and specific evaluation strategies at the beginning of the project,
2) Use of one main steering committee with ad hoc working groups would reduce committee role confusion and enhance networking opportunities amongst all partners,
3) Designating lead project facilitators at both provincial and regional levels within each partner organization is key to effective implementation,
4) Understand the capacity (will and infrastructure) for health promotion of each partner, and
5) Use flexible strategies for partner involvement.

Further research is suggested to explore the nature of private corporate and public sector partnerships and to examine the nature of 'effective partner involvement' in intersectoral partnerships. As well, the examination of leadership at both the macro and micro levels of multi-partner and intersectoral collaborations is fertile ground for future study.

In conclusion, the *You're Amazing* Project partnership created a legacy of quality health promotion products. It also provided an opportunity to build networks with new partners from various sectors across the Province of Alberta. As such, it laid important groundwork for the benefit of future multi-partner intersectoral collaborations.

Section 2: Background Information

2.1 History and Rationale of the *You're Amazing* (YA) Project

Today, there is increasing scrutiny on factors affecting both individual and community health. Health promotion is evolving to meet the challenges of creating and sustaining a healthy population. To do this, there is a need to realign how people think about health by building an understanding of the factors that influence health such as income, employment, environment, family and community support and resources, education, coping skills and healthy child development.

As part of health reform, Alberta Health's Prevention and Promotion Branch, saw a need to increase public awareness on the factors that influence and support well-being. To achieve this, Alberta Health, with the help of a multisectoral Advisory Committee, spearheaded a Provincial Health Promotion Program (PHPP), beginning in September 1995.

Collaborative planning by this group resulted in a Strategic Plan (August 1996) for the *You're Amazing* Program, targeting young parents aged 18-30. *You're Amazing* was implemented over a two-year period, beginning with a public launch in June 1997. The Program was designed to engage the target group with innovative, practical resources that would help families meet everyday challenges related to five specific health determinants (childhood experiences; social support; income and finances; employment and working conditions; and coping skills). A positive, supportive tone was emphasized, to reflect the importance of the parent role and to recognize the responsibility that people take for their own, their family's and their community's health.

This Program integrated promotion of family capacity for health and well-being with creating new opportunities for partnerships among a variety of agencies that represent several sectors relating to the breadth of health determinants (health,

education, social services, environment, business, transportation, etc). Participation of Regional Health Authorities was key in creating regional partnerships in addition to those at the provincial level.

2.2 YA Project Goals and Objectives

The goals and objectives of the project were stated at the outset of the project, with a focus on outcomes for the target group. They are: 1) To increase young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health; 2) To increase young parents' awareness of their role in looking after their own, their family's and their community's well-being and health; 3) To increase young parents' active involvement in looking after their own, their family's and their community's well-being and health. Evaluation of the Program was designed based on this perspective. The *You're Amazing* Evaluation Steering Committee (originally a subcommittee of the PHPP Advisory Committee) had responsibility for overseeing all aspects of program evaluation. (see Appendix 1 for list of members)

Since partnerships were such an important component in the process for accomplishing the outcomes of the program, it was later agreed that the partnership process itself should be the focus of additional evaluation efforts. Goals and objectives were clearly established for the overall project, however, objectives were not set at the onset for the partnership component of the project. Instead, the ESC extracted implied objectives for the partnership from a review of project documentation. (see Section 4.1 Goals and Objectives of the Partnership Evaluation)

This Report focuses on the partnership component; a separate report describes and reports on results of the program evaluation (see *You're Amazing* Program Evaluation Final Report).

2.3 YA Project Stakeholders

The major stakeholders are Alberta Health, other members of the Advisory Committee (AC) and the Steering Committee (SC), and the young parents in Alberta who are the primary target group for the project. This Partnership Evaluation Report is submitted to Alberta Health through the *You're Amazing* Evaluation Steering Committee (ESC) and is intended to provide information for the use of all partners in the *You're Amazing* program. A complete membership list of each committee is appended (Appendix 1).

Section 3: The Partnership Structure and Processes

A PHPP Advisory Committee was struck in September 1995, with representation from a variety of sectors related to health determinants (see Appendix 1 for list of members). This committee shaped the Provincial Health Promotion Project, including:

- confirming the appropriateness of a social marketing approach;
- determining the target group, based on information from existing data and from focus groups;
- identifying key concepts for the program and setting parameters for timing and content through a Strategic Plan, developed in consultation with a communications firm (Hill and Knowlton) selected by a subcommittee; and
- planning the evaluation of the program, based on expected outcomes, with the help of an independent evaluator (Population Research Lab., University of Alberta) selected by a subcommittee .

The Strategic Plan was submitted to the Minister of Health in August 1996 and subsequently approved for implementation (November, 1996). A key recommendation of the Strategic Plan was the continuation of a partnership process, with Alberta Health acting as catalyst for a coalition of partners and sponsors. The two-year time span allowed by the funding allocation for implementation was recognized as only a beginning for achieving the expected outcomes of increased awareness and understanding of the breadth of factors affecting health, and possible related behaviour change. The program was named *You're Amazing*, reflecting the positive approach mentioned above (see Section 2.1).

A communications/marketing consulting firm (GPC Communications, Calgary) was selected through a new Request for Proposals, and planning for implementation began in January, 1997. It was decided that the structure for the implementation partnerships would include both a Steering Committee of key partners and an Advisory Committee of representatives from a broad range of

sectors, reflecting the breadth of health determinants (supporting partners). This decision was the result of a strategic decision to differentiate Regional Health Authorities/Provincial Health Authorities (RHA/PHAs) as partners who were 'key' to a) health promotion program delivery at a local level, b) integration with existing programs, c) building multisectoral partnerships at a regional and local level, and d) sustaining program approaches and concepts beyond the two-year scope of the program.

Corporate sponsorships were sought in order to include the corporate sector as part of the necessary context for the program, and also to enhance the resources, and therefore the scope of the program. As sponsor recruitment progressed, it became clear that options were needed to recognize various levels of sponsorship. Sponsors contributing $ 100,000 or more to support program implementation were designated as 'major' sponsors, and sponsorships involving less financial commitment, or in-kind contribution, were also encouraged.

All RHA/PHAs were invited to participate on the *You're Amazing* Steering Committee, because they were seen as key for 'grassroots' program delivery (integrating with existing health promotion programs), for building multisectoral partnerships at a regional level, and for potentially sustaining program approaches and concepts beyond the two-year scope of the program itself. Steering Committee membership also included a representative from each major corporate sponsor. All RHA/PHAs chose to send a representative to the Steering Committee (see Appendix 1 for list of members).

You're Amazing Advisory Committee members were invited from the PHPP Advisory Committee and some additional organizations, with the intent to broaden the scope of multisectoral partnerships (see Appendix 1 for list of members). Additional members were invited over the course of the first year or

so, as opportunities arose. All members represented their organizations at a provincial level.

The Steering Committee's role was to guide and direct program implementation, through Alberta Health's project team, with input from the Advisory Committee who provided the broad context for program delivery. Both committees had input to the development of program components and materials. This was usually done by striking working groups with representatives from both. At a late draft stage, all Committee members had opportunity to provide comments on materials.

Both Committees met initially in June,1997, following the public launch of the program on June 5th. Steering Committee members met every two months, usually by conference call, with face-to-face meetings twice a year. The Advisory Committee met quarterly with meetings all face-to-face, since members were almost all Edmonton-based. The Committees met jointly on two occasions, at the end of the first year of implementation (April,1998) and at the end of the implementation period (March,1999). Both Committees received minutes of each other's meetings, as well as Program updates from the project manager between meeting dates.

Section 4: Description of the Partnership Evaluation

4.1 Goals and Objectives of the Partnership Evaluation

Goal: Explore the *You're Amazing* partnership experience in order to bring forward the learnings for future use.

Objectives:

1) To describe the partnership structure and process and their impact on the *You're Amazing* message.
2) To describe the partnership experience.
3) To evaluate the partnership experience with a focus on:
   a) the perceived benefits of the partnership in the *You're Amazing* program.
   b) the challenges encountered by the *You're Amazing* partners.

4.2 Partnership Evaluation Resources

No additional funds were available for evaluating the partnership component, beyond a brief survey of partners by the Population Research Laboratory, University of Alberta, that was included as part of the original evaluation plan. It was important, however, to collect comprehensive information that would be useful to Alberta Health and to all partners in applying the experience of this program to other collaborative health promotion initiatives. Resources were enhanced by expanding the membership and mandate of the Evaluation Steering Committee, and by soliciting the assistance of two graduate students who were undertaking the Health Promotion Practicum course (INT D 502) at the Centre for Health Promotion Studies, University of Alberta.

4.3 Partnership Evaluation Approach and Rationale

The design of the partnership evaluation was conceptualized by the Evaluation Steering Committee (ESC) to address the need to describe and evaluate the partnerships built by and through the *YA* program. The questions of how the

program was affected by the partnerships and conversely, how the partnerships were affected by the program could be answered in many ways. The challenge was how to collect the answers, which vary in their complexity along a spectrum from one simple word to an anecdotal expression of opinion and experience. To address such a range of possible answers both qualitative and quantitative evaluative methods were used, with an emphasis on the former.

Qualitative methodology was predominant for many reasons. 1) The partnership experience was subjective and intricate. 2) In governmental health promotion initiatives, partnerships of this size and scope are rare, if they exist at all. Therefore, no footsteps could be followed to formulate quantitative measures that would completely achieve the evaluation goals. 3) Quantitative measures could not illustrate experiences or processes. In general, qualitative methods met the needs of the evaluation because of the experiential uniqueness and richness, and the uniqueness of the program itself.

Despite the dominance of the qualitative component of this evaluation, the quantitative portion played an essential role in attaining the evaluation goal. Where the qualitative methods can only access limited numbers of informants, the quantitative method surveyed the partner population at large. It also improved the conceptualization of the themes that were generated qualitatively because it provided numbers and ability to compare various categories.

To many participants the convenience of the quantitative method allowed for more partners to be included in the evaluation. This convenience also opened opportunities for people of varying program involvement (possibly management or CEOs) to contribute their points of view.

The need to be inclusive was one of numerous reasons to use four methods of data collection. The qualitative portion of the partnership evaluation included focus groups, document review and open-ended questions. The quantitative

portion, included the open-ended questions, with rating scales and was sent to the partners. The other reasons for using multiple methods were: a) to help inform subsequent data collection, as was the case with the focus groups, b) to support the findings of each method, thus converging and diverging on general themes and c) to provide multiple measures of reality (Milburn, Frasen, Secker & Pavis, 1995). Creswell (1994) adds that using multiple methods (triangulation) exposes "contradictions and fresh perspectives" (p. 175) and provides "scope and breadth to a study" (p. 175). Triangulation in this study did not stop with mixing methods or methodologies, it also included the mixing of two data interpreters. Finally, triangulation established the reliability and validity of the results.

4.4 Data Collection Tools: Description and Rationale

Focus Groups:

The focus groups aimed to explore the depth of the partnership experience. Focus groups are a natural forum for discussing mutual experiences. They can be directed towards certain topic areas and used to learn more about the degree of consensus upon a topic. They can also be used to explore the interests/ issues of the individuals and to learn more about the diversity and conflicts. In the setting of *YA* which values participation and had a population familiar with focus groups, this method was a non–threatening and respectful data collection method (Morgan & Krueger, 1993). It also allowed for detailing complex experiences. Due to the interactive nature of this tool the participants' recall of events could be sharpened.

Document Review:

The document review provided information on the breadth of the program over its three-year life span. It provided exchanges and processes that may not be remembered and contributed to the better understanding of the partnership process. The processes of making decisions, developing ideas and networking were better understood with documents than with any other source of data.

Patton (1990) states that documents are a data source that provides information about program decisions, background, activities and processes and they also can generate ideas that can be explored through other investigative methods. The documents were also unobtrusive and relatively objective sources of information (Marshall & Rossman, 1999). In this study, subjectivity was only introduced by the evaluators. Few people realize that often not all information about an initiative is available to or recalled by them. The documents can be that entry into the behind-the-scenes activities, logistics and activities that have been restricted to certain people.

Partnership Evaluation Survey:

Open-ended and closed questions were chosen as another forum for the expression of experiences, but in an anonymous and more restricted mode. The Evaluation Steering Committee (ESC) created the questions to address the objectives and expectations of the partnership. The survey was used to add to and clarify the findings from previously collected information. Since the open-ended questions and the structured questions were implemented together, the answers to each type of question were used to mutually support each other's meaning. The structured questions provided a time efficient way of providing feedback. The open-ended questions provided an opportunity to share individual experiences.

4.5 Partnership Evaluation Participants:

The partnership evaluation involved Steering and Advisory Committee members, the project team and some individuals who were involved in the implementation or in an arms-length manner to the activities of the program. It was assumed that during the evaluation the respondents would consider experiences from the front line and provide feedback encompassing what occurred at the local, collective level as well as at a personal level.

4.6 Data Collection Tools: Processes

Focus Groups:

The questions used for the focus groups were developed by the ESC based on the *YA Partnership Evaluation* document and the evaluation objectives. These questions were organized in two groups, a) structure and activities of the partnership and b) benefits/impacts of the partnership on you (partner). The message components (reach, clarity, credibility and acceptability) were one area specifically targeted. (See Appendix 2 for the specific prompt questions). The reach was defined as how many of the target population became aware of the *You're Amazing* program versus the size of the target population. Clarity dealt with how clear the message was to the target group, such that they understood it. The message was credible if it was believable. This message quality depended on the messengers and was closely tied to its acceptability. The acceptability of a message depended upon the value system of the target group and thus, if it could be integrated into their way of thinking and their life.

Two focus group sessions were conducted. One was held in Calgary with the Steering Committee members (2 simultaneous focus groups). The other was in Edmonton with the Advisory Committee members (2 simultaneous focus groups). The focus group in Calgary had invited 27 people, 10 attended. The focus group in Edmonton had invited 36 people, 12 attended. (see Appendix 2 for list of participants) The responses were recorded on a flip chart by a recorder then were transcribed.

The practicum students independently and individually analyzed the focus group results. Despite the individual analysis, the categories were found to overlap when the results were compared. This provided a point of reliability for the focus group results and their analysis. Validation occurred when a) the results were reviewed at the end of the focus group, b) the data analysis results were sent to the partners for feedback (only two responded) and c) the findings were

discussed with the decision makers of the program. The general themes were then used to direct the document review.

Another focus group was held with the *You're Amazing* project team after the partner focus groups, document review and the survey. It asked similar questions that addressed the evaluation goal. These results were surveyed for responses that would add to the existing themes and/or provide a different point of view upon a theme.

Document Review:

The project leader provided the list of documents pertinent to partnerships. The reviewers then developed a document review template (Appendix 3) based on the focus group results. Some of the focus group themes could be followed but supplemental information regarding more procedural aspects of the partnership surfaced as did the roles of various partners. Initially the documents were closely read, but as themes became repetitive and saturated, the documents were skimmed for new information and themes. In the end, the reviewers felt confident no new information pertinent to the objectives would be found in this data source.

Partnership Survey:

The initial plan was to use an open letter invitation in conjunction with the partnership survey. It was decided by the ESC that four open-ended questions (see Appendix 4) would be more appropriate and respectful of time. The surveys were distributed to all members of the Steering and Advisory Committees; to CEOs of all RHAs/PHAs; to CEO level individuals from five corporate sponsors; and to senior representatives from three Advisory Committee organizations and the contracted marketing/communications company (see Appendix 5 for a complete list). Of the 81 surveys distributed to 53 organizations, 40 were returned.

The open-ended question results were consolidated by the evaluators and project leaders and analyzed. The Population Research Laboratory (PRL) analyzed the quantitative portion of the survey. These results helped support and add more detail to the document review and focus groups. The three sets of data were collected sequentially but this tool allowed the open-ended responses and the survey numbers to be analyzed simultaneously after they were individually analyzed.

Overall, the analysis of the results was iterative. That is, when new data was collected and analyzed, the evaluators referred back to the data generated before it, fully taking advantage of the triangulation potential.

Section 5: Partnership Evaluation Results

5.1 Qualitative Data Analyses and Findings

5.1.1 Focus Groups:

As described in Section 4 above, four focus groups were done with members of both the Steering and Advisory Committees of the project. As well, the project team, which supported the work of the project, held one session to address questions related to the partnership goals. The key findings from all group deliberations are presented below.

GOAL# 1. The partnership structure & processes will positively affect You're Amazing messages (Reach, Clarity, Credibility and Acceptability)

Generally, the structure of the partnership was as expected by the members for both the Steering and the Advisory groups. The exception was the corporate sponsors, who found the complexity of the structure surprising (had expected to have one partner, i.e., Alberta Health, not 17 regional partners). Overall, the partnership processes appeared to be effective in generating the *YA* messages to the target group.

STEERING COMMITTEE: Specific examples from the Steering Committee focus groups are cited below to illustrate the main observation(s) in terms of how the partnership affected the reach, clarity, credibility and acceptability of the *YA* messages:

Reach: reach appeared to be affected by the target audience, the product used to distribute the messages and the multiple partners -

- Target Group*: "we saw the project benefit parents/children -- would be important in schools -- improve learning", "*
- Product*: "it's quality helped as a 'hook' -- helps get a mass reach of audience"*
- Partners*: "bring information from different focus; testing materials across the province"*

Clarity: the clarity of the messages was affected through the language used, the definition of the program itself and assignment within the regional structures -

- Language*: "could have tailored the messages", "health workers need to know the jargon"*
- Definition*: "getting started was hard due to confusion about what YA was all about"*
- Distribution*: "initially the project was assigned to the wrong area -- to PR when it should have been assigned to Promotion/Prevention"*

Credibility: though comments are limited in this area, the partnership appears to have affected message credibility through the quality of the tools produced and the partners themselves -

- Quality*: "content was enhanced and added very important information to pieces"*
- Partners: *"difficulty of not having adequate support at higher levels"*

Acceptability: this aspect of the message involved its acceptability amongst the target group and the messengers -

- Target Group*: "because of this quality it helped as a 'hook' resulted in a parent-support group", "portions of the kit irrelevant or discouraging to low income sector"*
- Messengers*: "Public health nurses love kit know exactly what to do with it", ""some agencies didn't know [what to do with the kit]"*

ADVISORY COMMITTEE: Similarly to the Steering Committee above, specific examples from the AC focus groups are cited below to illustrate observations about how the partnership appeared to affect the *YA* messages:

Reach: Reach appeared to be affected by the target audience, the product used to distribute the message and the multiple partners -

- Target audience: *"The choosing of the target audience was lively and exciting- lots of debating. The final decision was to go with the group that would be the most influential- young parents"*
- The Message: *"materials produced were high quality -- goes a long way -- key to success of the program"*
- Partners: *"putting 'tentacles' into the community gets the messages out"*

Clarity: Clarity of the messages appeared to be affected by the partnership through the language used, the definition of the program itself and how the distribution of the materials rolled out -

- Language: *"we enjoyed the position of being a stakeholder in health -- to ensure the message was the right 'language' -- it was a collaborative role to a general goal of health"*

- Definition: *"getting started – confused what's YA all about"*
- Distribution: *"distributing organizations should track their distribution linkages at regional levels more effective than corporate office to regions"*

Credibility: There were not many comments made in this area but the credibility appeared to be linked to the quality of the message tools and the partners themselves -

- Quality: *"to have the ability to have dollars to produce high quality materials"*
- Partners: *"it brought out all the departments and their roles and how important it is to be involved – tied in with our target audience"*

Acceptability: This aspect involved the acceptability of the message amongst the target group and the messengers -

- Target Group: *"the kit has been incredibly accepted"*
- Messengers: *"helped gain an understanding of the links to health i.e., it is not just active living, good nutrition"*

There is an obvious overlap of the message characteristics (reach, clarity, credibility, and acceptability). Thus, although we attempted to analyze the data according to the four aspects of the message, not one of these characteristics can act exclusively of any of the others.

SUMMARY EFFECT ON MESSAGES Based on the overall focus group findings, the partnership structure and processes appeared to contribute to the effectiveness of the *YA* messages by the facilitation of effective working relationships with new and existing partners ("ideas were well accepted and beneficial to the project"), the addition to existing resources and avoidance of duplication of efforts, the production of high quality products, and the wide dissemination of materials to the target group.

GOAL # 2: The experience of being involved in the partnership will have tangible benefits and consequences (barriers & challenges) for the partners.

a) What were the Benefits of the Partnership?

STEERING COMMITTEE: Two key sub-themes emerged from the SC focus group comments in relation to the benefits and impacts experienced:

- Extended the awareness of health promotion and social marketing at the regional and provincial levels
- Process facilitated learning about working in partnership
  - *"all partners have been on the same level - playing field"*
  - *"sponsors "learned how to partner with the RHAs"*
  - *"took off 'blinders' and opened our eyes to working with other partners"*
  - *"positive that AB Health and RHAs were working together to achieve a better understanding at a higher level"*

ADVISORY COMMITTEE: The following four sub-themes emerged from the analysis of statements on benefits and impacts in the AC focus groups:

- Increased awareness of health promotion and social marketing
  - *"more awareness of the determinants of health"*
  - *"awareness of social marketing as a tool"*
- Learning about Partnership
  - *"this has broadened the network – this opened my eyes to a whole other group that have common needs for partnerships"*
  - *"I got a lot out of it personally - used all elements in my business, where I volunteer - getting the material out to groups that might not otherwise have been exposed to it"*
  - *"makes me think about partnership models"*
  - *"AB Health's attitude in the meeting was very positive and respectful, they took criticism well, and they were open to every idea and suggestion"*
  - *"everyone brought a piece of expertise to the table"*
- Expanded networks
  - *"expected to expand network of contacts and did"*
  - *"we are not in isolation"*
- Sustainability
  - *"tools and project legacy (messages) will help the partners build own messages"*
  - *"materials and resources will be very beneficial to front-line workers", "able to cross-promote active living messages with YA messages"*

SUMMARY BENEFITS The major concept which emerged in the data analysis of the focus groups was a broad theme of 'opening', that is, the opening

of a door to new ideas (eg. health determinants), new partners, new techniques (eg. social marketing) and new possibilities. In some cases, the knowledge developed by the partners during their experience with this project has enhanced their capacity to undertake social marketing initiatives of their own. Overall, the illustrative statements above reflect a broader sense of possibilities for positive linking with new partners in the community to promote the health of citizens.

b) What were the Barriers and Challenges of the Partnership?

STEERING COMMITTEE: Six key sub-themes emerged from the analysis of the Steering Committee focus group comments in terms of the challenges and barriers experienced in the project. These include:

- Competing Priorities for Resources
  - *"health and wellness - not the priority when competing with heart surgery etc."*
  - *"often, RHAs would have to deal with crisis first, then YA"*
- Project Timelines Too Short
  - *"unrealistic to achieve 'social marketing' in a short period of time"*
  - *"more planning time in front of each element and then 'double' it"*
- Soft New Message Hard to Communicate
  - *"I never felt I really had a solid tag line - needed 50 words to explain the project"*
- 'Right' RHA Representation/Resources
  - *"initially the project was assigned to the wrong area: to PR when it should have been assigned to Promotion/Prevention"*
  - *"structure within regions made resource allocation for the project challenging"*
- Timing of RHA Involvement may have affected their buy-in:
  - *"RHAs would like earlier involvement i.e., at the conceptual stage"*
  - *"not enough time for RHA 'buy-in' or to ensure the 'right' resources were allocated to the project"*
- Unclear Roles of SC and AC
  - *"uncertain of functions/roles of Advisory and Steering Committees"*

ADVISORY COMMITTEE: Six key sub-themes appeared to emerge from the analysis of the comments of the members of the AC in relation to the challenges and barriers of the partnership. These included:

- Role confusion
  - *"we weren't sure what our roles were"*
- Network not a partnership
  - *"confusion around terminology of partnership"*
  - *"this is Health's baby – we are true advisors, not partners"*
  - *"we should have just been the barometers to ensure the program was going the way we planned"*
- Paper Overload
  - *"the paper was overwhelming – you just can't read it all"*
- Breadth of partners
  - *"size of group"; "geography"*
- Other priorities
  - *"this is a health initiative – one very tiny aspect of my job "*
  - *"difficult to 'get the message out' to our organization - it didn't fit our target audience"*
- Missing Members Impacted Group Process
  - *"at any meeting it could be a whole different group than last time"*
  - *"difficult to stay highly involved/motivated as participants dropped off"*

SUMMARY BARRIERS AND CHALLENGES In general, both the AC and the SC were concerned with the effective and appropriate involvement of the various stakeholders in the group. That is, the role each person played individually and as a group member, the relationship the members had with the project, how and when to involve each partner, the amount and method of communication needed. Some of the specific questions include: Was there a better way to organize the structure of the project? What relationship do these members have, i.e., are they all true partners or are some a network of advisors? Does how and when to involve each member vary? How much do you communicate to each partner via paper and otherwise? Are differential amounts of communications needed for different partners? What is the time needed for effective group work (often underestimated) as new members come on board and for effective member buy-in?

The SC members had the additional concern of how to get the health promotion message effectively communicated and 'on the agenda' considering the complexity of the message, the timelines as well as differing priorities and resources.

PROJECT TEAM

The project team, which consisted of project management, communications and other staff, held one session to review the partnership evaluation goal. The findings from this discussion mainly verified the previous themes which emerged from the AC and SC committees. However, some new ideas did emerge on the topics of project phasing and management. These are included in the observations below:

- Excellent opportunity for networking and identifying future connection potentials;
- The complex concepts inherent in health promotion/population health and the uniqueness of the project were very hard to promote;
- The scope and time needed for the project were beyond all expectations, too short a time for the program with too many messages under one umbrella to demonstrate the success that could have been achieved by these partners;
- Peaks and valleys in the flow of information and products caused concern with the partners (a more consistent flow would have been better);
- Used a lot of resources with consultant time from the marketing/communications agency contracted for implementation. A more direct contact by the project team with potential corporate sponsors might have been better;
- The program manager cannot be the content specialist and the program coordinator simultaneously (high risk of work overload and burn out);
- Once more "tangibles" (i.e., products) were produced, the partners appeared to become more comfortable about the project;

- Changes in representatives from some regions meant constant re-educating and inconsistency of communication flow about the project;
- In future, would phase the project differently, allocating a separate phase for interpreting and finalizing the strategic plan with potential partners and sponsors as well as clarifying their role and commitment before beginning implementation.

Overall, the project created a fine series of products, built networks, and laid the groundwork for future such complex initiatives. Thus, the above and other learnings documented about the coordination of this initiative will benefit future programs of this magnitude.

5.1.2 Document Review:

As described in the methods section 4.0, the focus group analysis was used to guide the development of the key questions for the review of the *You're Amazing* Program partner documents. The template developed to assist this data collection process is included in Appendix 3.

As mentioned previously, not all information about an initiative is available to or recalled by the participants. The documents can be that entry into the behind-the-scenes activities, logistics and activities that have been restricted to certain people.

From a careful analysis of these partner documents, supplemental information regarding more procedural aspects of the partnership surfaced as did key themes on the partnership. These themes are described below in the following broad categories: partnership vision, structure, process, challenges and key catalysts. These themes are illustrated below through quotes from committee minutes and other documents.

1. Partnership Vision: From the outset of the project planning process in September 1995, the key theme that emerged in the documents was the centrality of partnerships to the success of the project. Illustrative statements from a variety of documents include:

- "Partnership is important to the credibility of [the project]...more emphasis should be placed, early on in the strategy, on the partnership before the other messages are attempted....must continually tie into existing community activities"
- "Cross promotion (i.e. strategies and their resultant components) will complement rather than duplicate similar programs within the private or public sectors. Such strategic partnerships will enable more effective use of financial resources and communication opportunities"
- "For reach and credibility, sponsor and partner links must be established early before roll-out — a number of partners will give depth to the messages as well as strengthen and expand partners' initiatives and message. The messages of all partners must be in sync for credibility"

2. Partner Structure: It is instructive to review some of the key notions discussed in the documents about the structure of the partnership prior to project implementation. The key notions here seem to be clarity of roles and linking with appropriate partners, including corporate sponsors.

- "need to be very clear about the roles of the council [committee(s)] and partners. Action: more explicitly define the roles of partners, sponsors, council and criteria for partnership; continue to work on identifying and facilitating links with existing community activities and include examples"
- "partnership criteria: what are they? What will be the ongoing roles? What is the expected level of commitment?"
- "potential partners should not be negatively associated with health determinants, e.g. tobacco products; corporate partners must support program goals and philosophy; partners should have a demonstrated ability to connect with the target audience, or want to"

The document review indicated that overall, the structure supported the gathering of people and resources for the project and provided a forum for networking as well as raising the profile of its individual members.

3. Partner Process: The key ideas documented in relation to the partnership process are inclusivity and flexibility of partner involvement to support community actions through linkages with project activities.

- "need to develop inclusive language to work effectively with corporate and non-profit partners"
- "partner involvement may ebb and flow based on specific projects being undertaken"
- "there is potential for cross-over promotion among the various program elements and a need to make more of the partnership concept....especially links with community organizations for overprinting their own event details with the 'Amazing' linkage"
- "links with school, libraries, local recreational offices are encouraged for sustainability through local activities"

As well, from the document review it is fair to observe that considerable resources appeared to be implicated in acquiring appropriate corporate sponsorship.

4. Challenges: A number of themes emerged from the documents concerning challenges in the project. These are: getting partner buy-in and follow-through; limited staff resources and time; communication issues; and some disagreement on the target group focus. The statements below reflect the range and most frequently mentioned challenges.

- "Challenges in obtaining corporate sponsors were: general reluctance to give to 'government programs' and lack of tangible products early in the project"

- "Getting buy-in totally from the RHAs has proven difficult --- some had other priorities or limited staff resources available for work in the project"
- "occasionally issues arose between local partners because of lack of follow-through to support planned local project activities "
- "Distribution Issues: distribution coordinators had to keep in mind the number of kits, size of space required for storage, time needed to send to sub-offices and trouble-shooting the issues that arise"
- "Communications branches of RHAs need stronger link with the project to promote it within each region and to obtain their ideas, key to incorporating *YA* messages into regional communication materials"
- "Concern raised about wording and in some cases lack of inclusion of all partners in the regional public service announcements"
- "Concerns raised regarding non-reach to disadvantaged groups via social marketing"

Generally throughout the documents, it was found that timelines were a challenge, due to the required internal and external approval processes and due to the time needed for the creative development of project materials and for the communication processes with all stakeholders.

5. Key Catalysts: A final key theme, which emerged from a variety of documents, had to do with the highlighting of key contributions to the implementation of the project. Some of this related to the facilitative role which was seen as positive at both regional and provincial levels; some related to key contributions of specific partners or specific program elements. The statements below illustrate this theme.

- "the Public Health Nurses in the health regions are key to the success of this project"
- "it is very effective to have one key person to coordinate the implementation of project activities at the local level"(authors note:

several individual letters of commendation from their respective regions are on file)

- "Be Fit For Life (BFFL) staff have been key in getting province-wide reach – coordination and hosting of the displays by BFFL made it possible to reach most regions of the province"
- "the project distribution network includes: RHAs offices –- Public Health Units, 192 Credit Unions, Social Services 32 sites, Pfizer (Reps to all MDs offices), Alberta Library Trustee Assoc. (250 libraries accessible to 95% of Albertans), Alberta Pharmaceutical Assoc. (clinic days), Dietitians of Canada (web site), .Dairy Nutrition Council of Alberta, Healthline, Alberta Heart Health Project (newsletter), Nobody's Perfect, AADAC"
- "project funds provided opportunity to raise the profile of all partners through regional public service announcements on project elements"

In summary, the document review revealed key themes on: a) the centrality of the partnerships to the success of the project and the necessity for clarity of partner roles, b) the need for flexibility and inclusivity of partner involvement, c) the challenge of getting partner buy-in, the availability of staff resources as well as effective communication with such a large group of stakeholders, and d) recognition of those who were key catalysts to the project.

5.1.3 Semi-structured Partner Survey:

As described in section 4. of the report, a semi-structured (open-ended) section was included in the partner survey (Appendix 4, *You're Amazing* Partner Evaluation Survey Questionnaire) which was mailed to all stakeholder organizations, inviting response from different levels within the organization (see Appendix 4, Distribution List for Partner Evaluation Survey). The main themes which emerged from this open-ended questionnaire are outlined by stakeholder group in Table 1. (Note: one NGO respondent did not complete the open-ended section.)

Table 1
Key Findings of Open-ended Partner Survey Questions

Stakeholder Group	Expectations	Involvement	Future Plans	Other
Corporate Sponsors (n=3)	-Positive public image	-Uneven in planning -Big learning curve regarding working with the RHAs	-Would clarify role + expectations before agreeing to participate	-None
NGOs (n=5)	-Expectations generally met (raising profile, networking, getting information)	-minimal involvement in implementation -comments varied from low to satisfied with involvement	-Generally would participate again -the project has some impact on our understanding of partnership + health promotion	-AH (project manager) was critical to the success of the project -Many changes on committees affected process -$$ should be spent on the target (not social marketing)
RHAs (n=25)	-Expectations on products very well-met -Overall evenly split between met (e.g., opportunity to partner)+ not met (e.g., underestimation of RHA responsibility)	-Varied involvement from limited to "heavily" -Difficulties due to short timelines, + ↓ staff resources -AH provided excellent support	-Most would partner again but with qualifications (↑in planning phase, link to RHA priorities, more lead time + staff resources) -No x 2 (would prefer grassroots approach)	-First class materials -Good sponsor mix (priv/public) -Need $$ for implementation as limited flex -Prefer Hi Needs target group
Government (n=6)	-Varied responses: from not met (due to issues with ↓ clarity of role) to met (very supportive of the social marketing approach + partner opportunities)	-Generally involved in most project phases -overall a satisfying experience	-All would participate in the partnership again -federal + provincial partnership worked well	-More product + less process -Have one committee (integrate AC + SC) with ad hoc groups for specific elements

*AH: Alberta Health

The partner survey solidified an idea that was alluded to in the focus group and the document review. Repeatedly, in the open-ended portion of the survey, respondents cited individuals at their respective organizations as well as at the provincial level who were essential for the maintenance of support for the program. This support was through their belief in the program, their willingness to advocate for the program and their dedication to the growth and development of the program. The general role of these key catalysts was as the single point

of entry to organize, disseminate and feedback to the program. Since the *You're Amazing* program required organization on a regional as well as a provincial level, a single point of organization, eased the dissemination and evaluation/feedback process. With this intense involvement the key individual(s) understandably had a larger stake in the project and provided the consistency in membership which was found to have a positive impact on the effectiveness of the committees. The program was influenced by many factors; similarly, the presence and effect of the key catalysts were influenced by an equal, possibly matching, set of factors. These factors include resources, buy in and other organizational priorities.

Overall partner expectations for involvement were generally met, and most would participate in such a partnership in the future, albeit with some qualifications. Key qualifications include increased involvement of RHAs in the planning phase of the project and more staff resources for the implementation process. As well, the meeting of the expectation for an 'opportunity to partner' (which encapsulates references to networking and partnership) appeared to be a notable theme for these partners.

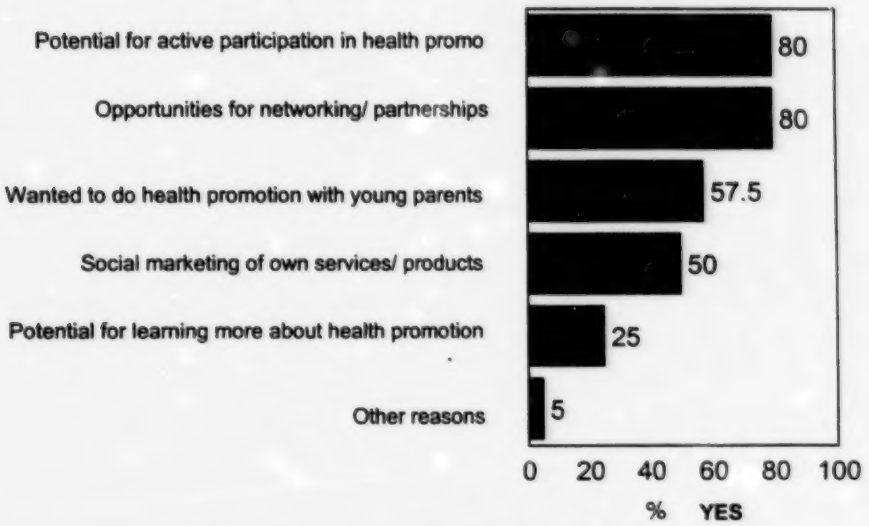
5.2 Quantitative Analysis and Findings

The partner survey (Appendix 4) was developed by the *YA* Evaluation Steering Committee and administered by the Population Research Laboratory which produced the report on all quantitative data. The first section of the survey consisted of structured questions. The response rate was approximately 49% for this closed-ended section of the questionnaire, which contained 41 variables grouped within 9 questions. Of the total partner responses, the percentage breakdown includes 77.5% from government organizations, including 62.5% RHAs, 15% from NGOs, 7.5% from corporate sponsors. Section 5.3 below presents the results from this survey together with related findings, where applicable, from the qualitative analysis.

The main study findings are reported below under the key questions asked in the survey. This section concludes with a summary of the overall learnings that have emerged from the partner responses and the key themes from the document review.

Question #1. Why did partners participate in the *You're Amazing* Project?

Figure 1. Reasons for Participating as *You're Amazing* Partner



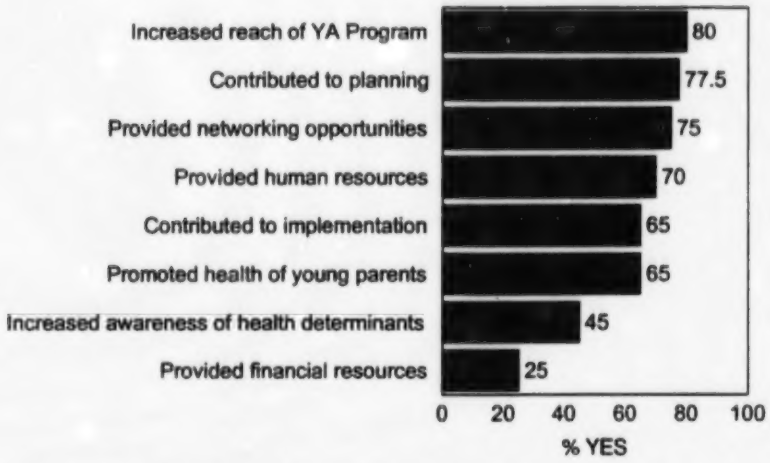
1999 *You're Amazing* Partner Survey, Alberta Health (N=40)

The results depicted in the graph above show clearly that the two major reasons partners chose to participate in the *YA* project were: opportunities for networking and partnerships (80%) and the potential for active participation in health promotion (80%). Of lesser importance was the focus on young parents (57.5%) and social marketing (50%). Least important to these partners was the potential for learning more about health promotion (25%).

These results are supported by the open-ended question finding that *opportunity to partner* was an expectation that was met.

Question #2. What contributions did the partners make to the *YA* Project?

Figure 2. Contributions as Partner



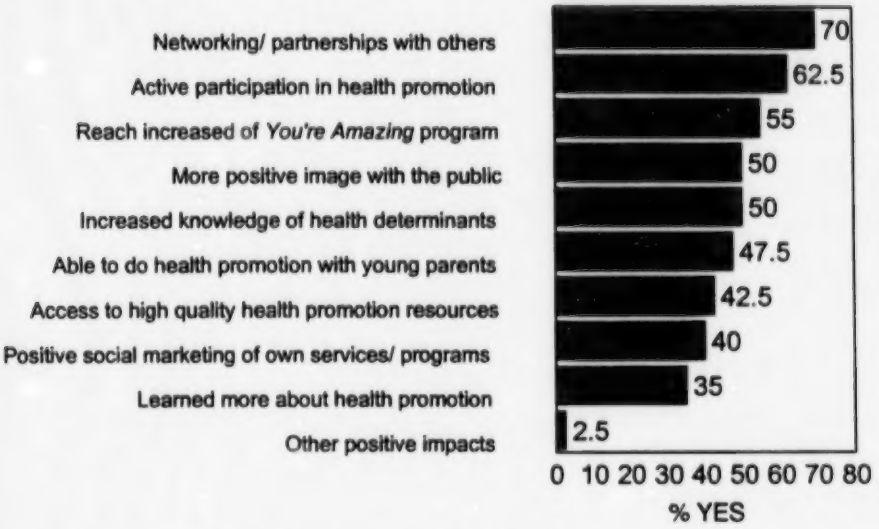
1999 *You're Amazing* Partner Survey, Alberta Health (N=40)

As shown above, 80% of the partners saw the increased reach of the program as their most frequent contribution to the program. Contributions to planning (77.5%) and the provision of networking opportunities (75%) and staff resources (70%) were other main ways the partners saw themselves as adding value to the project. As well, 65% rated contribution to implementation and the health promotion of young parents as their assistance to the project.

Overall the partners saw themselves as making many key contributions to the *You're Amazing* program. When combined with the qualitative data, key partner contributions to the project include: wide dissemination of materials (reach), effective networks, use of existing resources (i.e. staff), and the production of high quality products.

Question #3. What were the positive impacts of the partnership?

Figure 3. Positive Impacts of *You're Amazing* Partnership



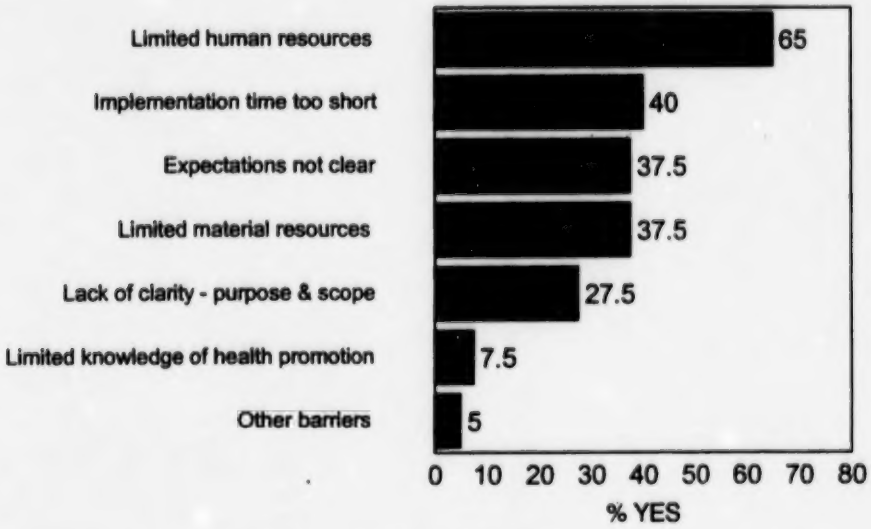
1999 *You're Amazing* Partner Survey, Alberta Health (N=40)

In the graph above, *Networking and partnerships with others* was the highest rated response (70%) with regards to the positive impacts of the *YA* partnership. As well, 62% rated *active participation in health promotion* as a positive impact from the partnership. Other more lower rated positive impacts were: access to high quality resources (42.5%), social marketing (40%), and learning more about health promotion (35%).

Clearly, the main positive impact of participation for these partners was the opportunity to work with others in the project, which is supported by the data above and the emergent themes from the focus groups (*learn about working in partnership* and *expanded networks*) and the open-ended questionnaire (*opportunity to partner*).

5. Question #4. What were the barriers experienced as a *YA* Partner?

Figure 4. Barriers Experienced as Partner



1999 *You're Amazing* Partner Survey, Alberta Health (N=40)

As depicted above, the biggest barrier experienced by these partners (60%) was limited human resources. To a much lesser degree, some found the implementation time too short (40%), expectations not clear (37.5%), and limited material resources (37.5%) as other barriers in the partnership.

A finding from the open-ended question appears to provide some support for the key barrier above. *More staff resources* was one qualification for future involvement by some partners. The document review also revealed barriers on getting partner buy-in related to staff resources as well as time and communication issues.

However, a more dominant theme, from the focus groups on the topic of barriers encountered in the project, centered on the effective and appropriate

involvement of the stakeholders. These ideas included: what roles, how and when to involve each partner, how much to communicate to each partner, and the time needed for effective group work.

Therefore, *staff resources* is definitely a barrier and may be one factor for some of the issues noted in the focus groups around involvement including the communication and time factors. However, overall, the above partner involvement issues were key themes which emerged in the qualitative data and are not found in the quantitative data reported here.

Question #5. Were the partner expectations met?

Figure 5. Were Partner Expections Met?

	% YES
Fully Met	35
Somewhat Met	47.5
Not Met At All	7.5
No Response	10

1999 *You're Amazing* Partner Survey, Alberta Health (N=40)

Of the 40 partner respondents to the survey, for 35% their expectations were fully met and for 47.5% their expectations for participation in the project were somewhat met. Only 7.5% rated their expectations as *not met at all.*

Thus, expectations were generally met for about 83% of the partners. The findings from the open-ended questions above also support this finding. As well, possible reasons for 47.5% having had their expectations *somewhat met*, could be explained by the qualifications expressed in that qualitative data. That is, some partners wished to be more involved in the planning phase of the project and some expressed the need for more staff resources for project implementation.

Other Quantitative Findings

Other data from the structured questions suggest that overall partners were satisfied with the quality of the partnership with Alberta Health (15% strongly agree, 55% agree somewhat, 10% neutral, 15% disagree somewhat, and 5% disagree).

Partners were equally distributed between those did and did not think that their participation in the *You're Amazing* Program resulted in an increase of: a) their use of partnerships for health promotion, b) their understanding of the health determinants, and c) their organizational plans for health promotion.

Overall, the survey results suggest that primary for these partners is the opportunity to create linkages and work with others on health promotion endeavors, rather than involvement related to the primary target group of focus.

5.3 Main Findings of the Partnership Evaluation

To summarize, for those partners who participated in the focus groups and responded to the survey:

- The main reasons that partners chose to participate were opportunities for networking/partnerships and the potential for active participation in health promotion;
- Major partner contributions included: wide dissemination of project messages/products through the effective networks built during the *YA*

program, use of existing resources (i.e. staff), and the production of high quality products;

- The key benefits for partners were: a) the opportunity to work/network with others and to learn about working in partnerships, and b) a broader understanding of partnership and an awakening to the possibilities for positive linking with new partners in the community to promote the health of citizens;
- The key barriers were issues around the effective and appropriate involvement of partners including role clarity and timing issues, communication issues (e.g., How to get health promotion messages effectively communicated and 'on the agenda'?) and limited staff resources;
- Key individuals at provincial and regional levels, who played a champion/facilitator role, were very helpful in ensuring the implementation, follow through and expansion of the program. This was due to their ability to dedicate focused time, energy and resources to the program.
- Partners were, for the most part, satisfied with the quality of the partnership with Alberta Health;
- Expectations for participation were generally met;
- Most would participate in similar future opportunities.

In addition, the project team focus group results suggested some learnings about partnership from a project management and phasing point of view. Lastly, the document review revealed key themes on: a) the centrality of the partnerships to the success of the project, b) the need for flexibility and inclusivity of partner involvement, c) the challenge of getting partner buy-in (other priorities and limited staff resources) as well as effective communication with such a large group of stakeholders, and d) recognition of those who were key catalysts in the implementation process.

Section 6: Conclusions and Recommendations

6.1 Summary of Learnings in the *You're Amazing* Project Partnerships

In summary, the major learnings from the partnership evaluation, based on the above findings, can be grouped into the two main categories below.

6.1.1 Benefits of the Partnership Process

1. Opportunities for networking and new linkages created by the project processes enhanced the partners' experiences and the project actions.
2. The scope and diverse expertise of the partners provided a solid base for action.
3. Key catalysts on provincial and regional levels of the project provided a strong facilitative approach.
4. The quality products of the project provided momentum for the partnership.

6.1.2 Challenges to the Partnership Process

1. Understanding the capacity of each partner to do health promotion including their commitment as well as their staffing and other infrastructure elements.
2. The perceived lack of role clarity between the SC and AC committee structures of the partnership.
3. The complexity of effectively communicating health promotion messages.
4. The effective, appropriate and sustained involvement of multiple intersectoral partners in a large project.

6.2 Limitations: Tools and Processes

6.2.1 Focus Group

1. The turnout was less than expected, affecting the validity.

2. The people present in the groups may have restricted some participants' responses and/or influenced the responses.
3. People, who may not have been comfortable in the group atmosphere, may not have contributed.
4. The transcription was not verbatim and no notes were systematically taken with regards to the context of the responses.
5. The people present may not have the information that would be the most appropriate to answer some of the questions. An example of this would be people who became involved in the program late.
6. Limited response from the AC and SC when verifying findings from the focus group analysis required the evaluators to rely upon the assumption that silence meant agreement.

6.2.2 Document Review

1. The documents may not be complete or accurate.
2. The information may have been selectively recorded.
3. The results were subject to interpreter biases.
4. Again, a full picture of what occurred on the front line was not present because the front line workers were not represented in the documentation.

6.2.3 Partner Evaluation Survey

1. The sample size was small which required some caution when interpreting the relative and absolute values.
2. Respondents may have interpreted the questions differently.
3. The structured questions were not coordinated with the overall qualitative framework of the evaluation resulting in some questions that could not be fully used when combining the analyses.
4. The partners who did not respond to the survey may have different views from those who did respond.

6.2.4 Evaluation Process

1. The evaluation lacked the time and manpower to verify specific findings with the respondents.
2. The evaluators' subjective judgement.

However, the overall reliability and validity of the study results were strengthened by the use of multiple data collection methods (triangulation), the independent analysis of the data by the two evaluators, and the verification of the focus group findings with all partners.

6.3 Recommendations for the Use of the Findings

These findings could be used to inform future health promotion partnerships and collaborative initiatives at a regional or provincial level and to build on the learnings as follows:

1. Establish **clear partnership objectives** and develop a corresponding evaluation plan at the commencement of the project planning process. Such an approach would assist in discovering how *what the partners did* impacted on *what outcomes were achieved* and could contribute to the knowledge base on this important subject.

2. Use of **one main steering committee with ad hoc working groups** would reduce committee role confusion and enhance networking opportunities as well as input and understanding of issues amongst all partners. This would also streamline communications including the number of meetings needed and the documentation required. This may mean large committee meetings; however, the benefits probably outweigh this burden, given the experience of the *You're Amazing* project.

3. A **designated facilitator** of the project, both at the macro (provincial) and the micro (regional) level within each organization appears to positively contribute

to the effectiveness of the dissemination process and thus the reach of the project messages. This role could also enhance the two-way process of product development within a project and the overall coordination amongst partners.

4. Do a **'partner asset map'** at the outset of the project to seek understanding and enhance ability to support various partners' capacities for health promotion, thereby assisting with effective and appropriate partner involvement. The Singapore Declaration (1998) conceptualization defines capacity for health promotion as the strength of two key elements: infrastructure and will to act. This definition could be instrumental in providing a framework for work on documenting partner assets. Documentation of partner assets is used here as an extension of John McKnight's community asset mapping concept. The above capacity framework and this asset mapping concept could be used together to contribute to more formal research approaches on partnerships, such as those presented below.

5. Use **flexible strategies** of involvement whereby individual partner's active participation may vary over the project depending on their expertise and interests ('asset map') and the expertise and networks required for the project.

6.4 Recommendations for Future Research

1. Explore the nature of private (corporate) and public sector partnerships.

2. Examine the nature of 'effective partner involvement' in intersectoral partnerships, with consideration given to the inclusion of the target audience into the partnership involved with the development and implementation of the program.

3. Examine the supports and barriers to collaborative planning and implementation processes in partnerships, with a focus on communication and leadership at the macro-level.

4. Within a multiple partner initiative, examine the qualities of the leadership required at a local level for effective implementation of health promotion projects.

Appendix 1
Stakeholder List

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(as of March 23/99)

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(as of June '99)

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Appendix 2

Focus Group Questions

Focus Group Questions

Structure and activities of the partnership

- Before you joined the partnership, what kind of structure did you think it would have?
- Are there any improvements that we could make in the structure?
- How did partnership activities help *YA* to meet its goals?
- What "barriers" did the partnership face in carrying out its activities? How were these barriers dealt with?
- Are there any other lessons you learned about the structure and activities of the partnership?

Benefits/Impacts of the partnership.... On you

- What did you expect to gain from being involved in the partnership?
- What have you actually gained from being involved in the partnership?
- Has the "*YA* partnership experience" left any kind of impact on you? If yes, describe.
- Did the partnership experience influence the way you understood and passed on the *YA* message? If yes, explain how.
- Has this experience influenced how you might carry out the role of a partner in future initiatives like *YA*? If yes, explain how.

You're Amazing Steering Committee Meeting
Minutes - Friday, November 6th, 1998

1.0 Welcome and Introductions

Participating: for Partnership Focus Groups.

Marie Whitmarsh	Palliser Regional Health Authority (for Janice Blair)
Sylvia Baran	David Thompson Regional Health Authority
Anne MacKay	Calgary Regional Health Authority
Melanie Mathers	Westview Regional Health Authority (for Myrene Couves)
Barb Olsen	Crossroads Regional Health Authority
Phyllis Hodges	Capital Health Authority (for Marianne Stewart)
Wayne Button	Peace Regional Health Authority
Laura Fitzgerald	Pfizer Canada
Bas Wheeler	Credit Union Central
Yvette Straub	Credit Union Central
Denis Ostercamp	Population Health Strategies, Alberta Health (acting chair)
Mary Gartrell	Population Health Strategies, AB. Health, Project Team Leader
Rick McHutchion	Project Consultant
Julie Calderbank	Project Consultant
Linda Barrett	U of A, Health Promotion Student
Sherry Clark	Population Health Strategies, Alberta Health (recorder)

facilitator/ recorder

Regrets:

Elly Webster	Chinook Regional Health Authority
Yvette Penman	Headwaters Regional Health Authority
Cheryl Ferguson	Health Region #5
Gladys Burrows	East Central Regional Health Authority
Cindy Colbourne	Aspen Regional Health Authority
Janet Kiist	Lakeland Regional Health Authority
Sandra Marini	Keeweetinok Regional Health Authority
Mary Johnson	Northern Lights Regional Health Authority
Sherri Ross	Northwestern Regional Health Authority
Jane Manning	Mistahia Regional Health Authority
Beth Evans	Provincial Mental Health Advisory Board

Introductions

Denis O. introduced Mr. Bas Wheeler, Executive Vice-President, Credit Union Central and Yvette Straub, Coordinator Denocracy and Communications, Credit

You're Amazing (YA) Advisory Committee
Minutes for Tuesday, December 8th, 1998

In Attendance: for Ptnership Focus Grps.

Bob Borreson	Income Support, Alberta Family and Social Services
Cindy Thorvaldson	Dairy Nutrition Council of Alberta
Dennis Stokes	Alberta Environmental Protection
Ellen Murphy	Alberta Cancer Board
Gayle Carriere	Alberta Association of Registered Nurses
Gina Vivone-Vernon	Curriculum Standards Branch, Alberta Education
Grace Whitehouse	AADAC
Irene Smith	Traffic Safety Initiatives, Alberta Motor Association (for D. Szarko)
Katherine MacKeignan	Provincial Be Fit For Life Network
Marianne McLennan	Employer Committee on Health Care
Sharon Chadwick	Occupational Health & Safety, Alberta Labour
Suzanne Lacroix	Daycare Programs, Alberta Family and Social Services
Denis Ostercamp	Population Health Strategies, Alberta Health (Chair)
Mary Gartrell	Population Health Strategies, Alberta Health
Julie Calderbank	Communications, Alberta Health (for Robert Storrier)
Rick McHutchion	Project Consultant
Adrian Watzke	Project Consultant
Sherry Clark	Population Health Strategies, Alberta Health (recorder)

Regrets:

Alfred Nikolai	Recreation & Sport Branch, AB. Community Development
Anna Auer	Alberta Public Health Association
Catherine Biggs	Alberta Pharmaceutical Association
Cynthia Smith	Alberta Centre for Well Being
Diane Dalley	Services for Children, Alberta Family and Social Services
Gerry Predy	Public Health Services, Capital Health Authority
Jayne Thirsk	Dietitians of Canada
Katherine Jones	Alberta Foster Parents' Association
Laura Alcock	Foster Care, Alberta Family and Social Services
Linda Christianson	Nobody's Perfect Alberta
Lloyd Dick	ACICR, Injury Prevention Centre
Louise Mayo	Marketing and Promotion, Nechi Institute
Marg Schwartz	Schools Come Alive
Mary Totman	Alberta Library Trustees Association
Mauricette Howlett	Health Promotions, Health Canada
Miriam Stewart	Centre for Health Promotion Studies, University of Alberta
Rudy Dressendorfer	Alberta Heart Health Project, Alberta Health
Sherri Thorsen	Traffic Safety Initiative, Alberta Transportation and Utilities
Shirley Bigelow	Alberta Community Health Nurses Society

Appendix 3
Document Review Template

Document Review Template

1. **Method**:

   - Search for key words in titles and headings => identify words, themes, sub-themes
   - Enter data, analyze data

2. **Key Content Search**:

   a) # of meetings, participation
   b) Why structure chosen (see GPC partner plan and consult with Mary after its review).
   c) When and how partners involved (open revolving door membership policy).

Rationale: who showed up shaped the project.

   d) Role that Alberta Health played (see minutes, intent in strategic plan, general correspondence).

   e) Statements or actions to influence the message:
      - Reach
      - Clarity
      - Credibility
      - Acceptability

      See minutes, strategic plan, skim products developmental process notes (ie. Kit, calendar, etc.)

   f) Evidence of barriers/challenges (cuts across all documents)

   g) Impacts on partners
      - Knowledge, skill in social marketing, health promotion
      - Nature of partnership
        (across all documents)

   h) Process – How questions.
      (to be developed as the review progresses)

Appendix 4
Survey Questionnaire
and
Distribution List

you're amazing
A Partnership for Healthier Living

YOU'RE AMAZING PARTNER EVALUATION SURVEY QUESTIONNAIRE JANUARY 1999

I. INTRODUCTION TO POTENTIAL RESPONDENTS TO THIS SURVEY

As one component of the comprehensive evaluation of the *You're Amazing* program implemented in Alberta over the past three years, Alberta Health is requesting that partners in the planning and implementation of this program respond to the following questionnaire. Responses will be used for the purposes of program evaluation and planning of future health promotion initiatives in this province. Completion of this survey is entirely voluntary.

If you agree to respond to this survey on behalf of your organization, your consent to do so will be assumed by the fact that you have completed the survey and mailed it to the Population Research Laboratory at the University of Alberta. All information collected is subject to the Freedom of Information and Protection of Privacy Act in Alberta. Individuals requiring more information about this survey may contact Mary Gartrell, Project Team Leader for the *You're Amazing* program (780-415-2755) or Denis Ostercamp (780-415-2745), Alberta Health.

All information will be kept confidential and anonymous. Data analyses and reporting of results will be conducted by the Population Research Laboratory, University of Alberta, on behalf of Alberta Health. Results will be reported in aggregate form so that individual responses will not be identifiable. Findings are expected to be available from Alberta Health by June of 1999.

If you agree to complete this survey, would you please return it to the Population Research Laboratory at the University of Alberta, using the enclosed self-addressed envelope, no later than **March 5th, 1999** Thank you for your consideration of this request to contribute to the evaluation of the *You're Amazing* program.

II. QUESTIONNAIRE

1. **Which of the following are *reasons* why your organization / RHA decided to participate as a partner with Alberta Health for the *You're Amazing* Program?**
   Please check √ all that apply.

Opportunities for active participation in a health promotion program	___ [1]
Potential for social marketing of own services/ products	___ [2]
Potential for learning more about health promotion in action	___ [3]
Opportunities for networking / partnerships with other organizations	___ [4]
Wanted to increase focus on health promotion with young parents	___ [5]
Other reasons: _____	___ [6]

_____

_____

_____

2. **Which of the following are *positive impacts* experienced by your organization/RHA due to the *You're Amazing* partnership with Alberta Health?** Please check √ all that apply.

Opportunities for active participation in a health promotion program	___ [1]
Positive social marketing of own services/ products	___ [2]
Learned more about health promotion in action	___ [3]
Networking / partnerships with other organizations	___ [4]
Able to implement health promotion strategies with young parents	___ [5]
More positive image with the public served by your RHA/ organization	___ [6]
Increased knowledge of health determinants	___ [7]
Access to high quality health promotion resources	___ [8]
Able to increase the reach of the *You're Amazing* program due to partnership	___ [9]
Other positive impacts: _____	___ [10]

_____

_____

_____.

3. **What *contributions* did your organization/RHA make as a partner in implementation of the *You're Amazing* program?** Please check √ all that apply.

Increased the reach of the *You're Amazing* program across Alberta	___ [1]
Actively promoted the health of young parents, their families and communities	___ [2]
Provided opportunities for networking and sharing of resources with other groups	___ [3]
Provided financial resources in support of the *You're Amazing* program	___ [4]
Provided human resources in support of the *You're Amazing* program	___ [5]
Contributed to the planning of the *You're Amazing* program	___ [6]
Contributed to implementation of the *You're Amazing* program in local communities	___ [7]
Increased awareness of health determinants among target population	___ [8]
Other contributions: _____	___ [9]

_____

_____

_____.

4. **What *barriers or challenges* did your organization/RHA experience as a partner in the *You're Amazing* program?** Please check √ all that apply.

Limited human resources for participation	___ [1]
Limited material resources for program implementation	___ [2]
Lack of clarity as to the purpose and scope of the program	___ [3]
Timelines for implementation were too short	___ [4]
Expectations of partners not clearly specified by Alberta Health	___ [5]
Limited knowledge of health promotion and health determinants	___ [6]
Other barriers or challenges: _____	___ [7]

_____

_____

_____.

5. To what extent were your RHA's / organization's expectations met for participation in the *You're Amazing* program? Our expectations were...

Fully met	___ [1]
Somewhat met	___ [2]
Not met at all	___ [3]
No response	___ [0]

Using a scale from "1" to "5", where 1 indicates "Strongly Agree" and 5 indicates "Strongly Disagree", please circle the number which best indicates the extent to which you agree with each of the following statements.

6. My organization's/RHA's use of partnerships for health promotion increased due to participation in the *You're Amazing* program.

1	2	3	4	5	8
Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	No Response

7. My organization's/RHA's understanding of health determinants increased due to the *You're Amazing* program.

1	2	3	4	5	8
Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	No Response

8. My organization/RHA plans to increase its focus on health promotion due to the *You're Amazing* program.

1	2	3	4	5	8
Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	No Response

9. My organization/RHA is satisfied with the quality of the partnership developed with Alberta Health for the *You're Amazing* program.

1	2	3	4	5	8
Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	No Response

This last question will give us a profile of the respondents to this survey.

10. What type of organization do you represent as a *You're Amazing* partner?

a) (Please check one)

Government organization/department	___ [1]
Non-government organization	___ [2]
Corporate sponsor	___ [3]
No response	___ [0]

b) (Please check one)

Regional Health Authority	___ [1]
Other core health organization/association	___ [2]
Health-related organization/association (eg. social,educational, etc)	___ [3]
No response	___ [0]

Thank you for completing this questionnaire. Please continue with Part III.

III. OPEN-ENDED QUESTIONS

Partners are invited to tell us in your own words about your organization's expectations, experiences, and future plans related to the project.

This will greatly assist with evaluating the partner component, by adding richness and clarity to the preceding information. (Please note that we may include quotes from this section in the Evaluation Report, which will be a public document. No names will be attached to quotes.)

Please briefly address the following themes, using the back of the page or attaching additional pages as needed:

1) **General Expectations and Anticipated Benefits** (for example; Why did you get involved? Were project expectations met? Were partnership expectations met?)

2) **Involvement** (for example; Describe your involvement in project design, delivery, support. Level of satisfaction with the role you played? With the role Alberta Health played? The role other partners played?)

3) **Future Plans** (for example; Did participating in this project affect your organization's current understanding of health determinants or future plans regarding health promotion? Would you work with Alberta Health again, in a similar way?)

4) Other Comments and/or Suggestions (please add any information you wish).

THANK YOU FOR YOUR HELP IN EVALUATING THE *YOU'RE AMAZING* PROGRAM.
Please return your completed survey in the envelope provided, by March 5th,1999.

Distribution List for the Partner Evaluation Survey Questionnaire

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- Karl Parker (Pfizer Canada)
- Betty Schoenhofer (Provincial Mental Health Advisory Board)
- Dr. Turc (Alberta Cancer Board)
- Don Onischak (Health Canada)
- Brian Lindenberg (Employer Committee on Health Care)
- Sheilah Sommer (Alberta Public Health Association)
- Beth Whitney (Wyeth-Ayerst Canada, Inc.)
- Dawn Graham (Merck Frosst Canada, Inc.)
- Lori Maller (Hoechst Marion Roussel Canada, Inc.)
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Appendix 5
References

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